How To Avoid Complications From Sclerotherapy

Thursday, November 21, 2024 <u>SESSION 70-SUPERFICIAL VEIN TREATMENT STRATEGIES V</u> How To Avaid Complications from Scierotherapy 3:13 PM - 3:13 PM MD Jean-Luc GERARD Paris France

Disclosure

None for this presentation

COMPLICATIONS

Thrombosis

Necrosis

• Neurological complications

Thrombosis

The incidence of VTE : 0.51%: Open surgery : 0.54% Scierotherapy : 0.19% Endovenous laser therapy (EVLT): 0.47% Indence of deep vini thrombosis after varicose vein surgery 2000 Dec;91(12):1582-5, <u>k.dk.van.Bit</u>, : <u>f.Dat</u>,

Increase in the risk of DVT when ≥10 mL of foam was injected The incidence and characterization of deep vein thrombosis following ultrasound-guided foam scientherapy in 1000 legs with superficial venous reflux J Vac Surg Venous Lymphat Dior 2013 Section # Adviani,

Pharmacological thromboprophylaxis

Endovenous ablation

For high-risk patients undergoing we suggest pharmacological thromboprophylaxis. US guidelines

Sclerotherapy

Lowest rate of VTE(0,19%) Moreover it is not usual to do a thromboprophylaxis before or after

Doses and volume

Algorithm for treating saphenous vein with sclerotherapy

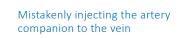
	Concentrations		
Vein size	Polidocanol foam	STS foam (Sodium tetradecyl sulfate)	
Ø < 3 mm	0.25%	0,2 %	
Ø < 4 mm	0.5%	0,2 to 0,5 %	
$\emptyset \ge 4$ and < 6 mm	1%	0,5 to 1%	
Ø ≥ 6 and < 8 mm	2%	1%	
Ø≥ 8 mm	3%	3%	

The maximum volume of foam per session is 10 mL

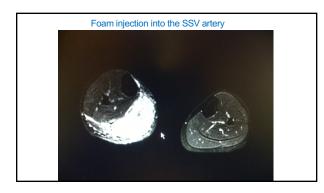
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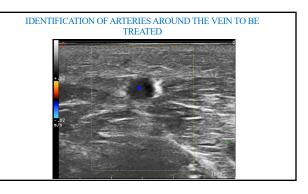
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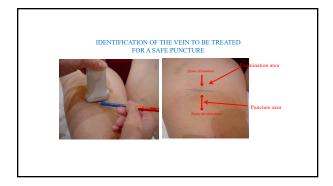
NECROSIS

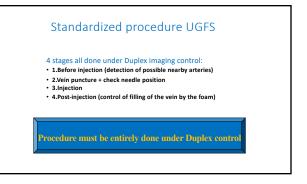










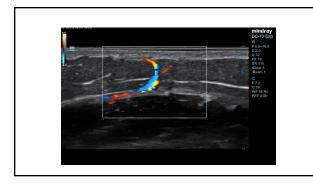


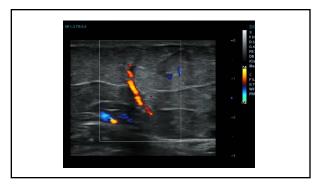


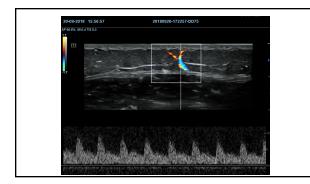












Neurological complications

Neurological complications of sclerotherapy for varicose veins Sarvananthan T, Shepherd AC, Willenberg T, Davies AH. J Vasc Surg. 2012

There were 12 case reports of CVA with confirmatory brain imaging and nine reports of TIA.

There were 97 (0.90%) reports of neurological events overall, including TIA, visual and speech disturbances, and 29 cases of reported migraine (0.27%).

Symptoms occurred at times ranging from minutes to several days following sclerotherapy.

Analysis of adverse events with scierosants reported to the United States Food and Drug Administration Out of 3214 reactions Stroke 7 TIA 3 Stroke and TIA 0,01% Headaches : 34Visual disturbances 8 Migraine : 4 Headaches, Visual disturbances and migraines between 1% and 0,1% Risk factors for neurologic complications Righ-to-left shunts Historic of migaine Large volume of foam Use of physiological gas

LIMITS OF SCLEROTHERAPY	

Randomized clinical trial comparing surgery,endovenous laser ablation and ultrasound-guided foam sclerotherapy for				or
the treatment of great saphenous veins. MVenermo BJS August 2016 Patency of GSV at 1 year 214 patients were included (85 conventional surgery, 73 EVLA, 76 UGFS)				
Type of intervention	Occluded %	Partially open %	Open %	
SURG	97	3	0	
EVLA	97	0	3	
UGFS	51	29	19	

Randomized clinical trial comparing surgery, endovenous
laser ablation and ultrasound-guided foam sclerotherapy for
the treatment of great saphenous veins.
M.Venermo BJS August 2016

Patency of GSV at 1 year

UGFS	Occluded %	Partially open %	Open %
<6mm	≈75	≈8	≈17
6-8mm	≈50	≈35	≈15
≥9mm	≈37	≈30	*33

RECANALISATION

Increased vein diameter was associated with recanalization.

CONCLUSION

- Thrombosis : very rare incidence; inject appropriate concentrations of sclerosant considering the vein size, respect volume foam less 10 cc
- Necrosis: identify arteries by US , to inject in a safe zone
- Neurological complications : avoid treating patient with known patent foramen ovale, respect volume foam: less 10 cc foam
- Relapse Recurrence: 6mm could be the threshold for efficiency of foam sclerotherapy